PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number Filing D: 03/24/2			ing Date 24/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	JMBER FIL	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A	l	N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *		l	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	m	inus 3 = *		ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings excee sheets of paper, the application size fe is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof, 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
	APP	OED - PART II		SMAL	L ENTITY	OR		ER THAN ALL ENTITY			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	•	Minus	*	=	l	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	٠	Minus	**	=	ı	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT	12/19/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	• 4	Minus	<b>~</b> 4	= 0	П	x \$ =		OR	X \$50 =	0
	Independent (37 CFR 1,16(h))	* 2	Minus	*** 2	= 0		x \$ =		OR	X \$210 =	0
필	Application Size Fee (37 CFR 1.16(s))					ı			l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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